



State of New Hampshire

Board of Nursing

121 S. Fruit St.
Concord, NH 03301

Nursing 603-271-2323

Webpage: <http://www.nh.gov/nursing/>

TDD Access: Relay NH 1-800-735-2964

Nurse Asst. 603-271-6282

Directions for Temporary A.P.R.N. Licensure

- New Hampshire may issue a temporary license for A.P.R.N.s (Advanced Practice Registered Nurse) who document verification to sit the first national certifying examination of their choice, in their category following successful completion of a nursing educational program preparing nurses for advanced registered nurse practice.
- An application for permanent licensure must be accepted before the application for Temporary Licensure can be accepted.
- Until you receive notification of being issued a Temporary A.P.R.N. license, your practice of nursing in the state must be limited to the Registered Nurse (R.N.) scope of practice. This practice requires a current New Hampshire R.N. license or a current license in a compact state.

In order for temporary licensure, you must have on file at the Board office:

- ☐ YES I have a documented date to sit for the first scheduled national certifying examination in my category.
- ☐ YES I have a current New Hampshire Registered Nurse license or a current registered nurse license in a compact state.
- ☐ YES I have completed the process for a Criminal Record Report.
- ☐ YES I have completed an Application for Licensure as an Advanced Practice Registered Nurse in New Hampshire and attached a check or money order for fee of \$100.00 (U.S. Funds) ***payable to:*** *"Treasurer, State of New Hampshire"*.
- ☐ YES I have completed a Temporary License Application and attached a check or money order for fee of \$20.00 (U.S. Funds) ***payable to:*** *"Treasurer, State of New Hampshire"*.
- ☐ YES I have requested an official transcript from my nurse practitioner educational program verifying successful completion of a program of study based on current standards of advanced nursing practice that provides:
- 225 hours of theoretical nursing content;
 - 480 hours of clinical nursing practice including a precepted practicum with an A.P.R.N. or physician practicing in the applicants advanced nursing practice category; and
 - Pharmacological interventions.
- ☐ YES I have documentation of oversight by an A.P.R.N., practicing in the same practice category, on file with the Board.

Print Name:	Signature:	Date:

Application/licensing process not completed within 180 days will be purged.

New Hampshire has a mandatory licensing law; No one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state..



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For Office Use Only:
FEE: \$ _____
REC'D: _____
CK/MO: _____
_____/_____/_____
TL# Issued Expire
Reg#: _____
Issue Date: _____

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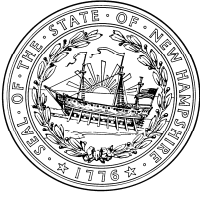
Nurse Asst. 603-271-6282

Application for Temporary A.P.R.N. License

Name of Certifying Examination:		Scheduled Date of Examination: _____/_____/_____	
Last Name:	First Name:	Middle Initial:	Maiden/Other Names Used:
<u>Mailing</u> Address:		City:	State: Zip Code:
Address of Legal Residence if different than above::		Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to, driver's license, federal income tax return, voter registration or military payroll documents.	
Date of Birth: / /	Phone Number: () -	Social Security #: (required) / /	
Anticipated Employer :			
Address:		City:	State: Zip code:
Oversight A.P.R.N.		Telephone: () -	
Address:		City:	State: Zip code:
I have submitted an application for advanced practice registered nurse in New Hampshire <input type="checkbox"/> YES <input type="checkbox"/> NO			Date Filed: _____/_____/_____
Make check payable to: <u>"TREASURER, STATE OF NEW HAMPSHIRE"</u> (Fees are non-refundable)			FEE: Temporary A.P.R.N. License: \$20.00
UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).			
Full signature:		Date of Application:	
Please provide your e-mail address:			

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TO: _____
Name of A.P.R.N. Oversight Nurse.

FROM: New Hampshire Board of Nursing

RE: _____, R.N.
(Name)

I have been licensed as a New Hampshire A.P.R.N. for more than one year in the practice category in which the applicant is seeking licensure.

I will provide oversight by:

- Assisting with role transition from student to practitioner;
- Supporting the socialization, education and training of the registered nurse issued an A.P.R.N. Temporary License.
- Interpreting the practice arena in New Hampshire pursuant to the scope of practice, prescriptive authority and independent practice.
- Acting as an advocate for the advanced practice role by assisting in the T.A.P.R.N. in role assimilation, consultation and familiarization with advanced practice issues.
- Communicating weekly with the temporary licensee for guidance and support.
- Not providing oversight concurrently for more than 2 applicants.

Signature of T.A.P.R.N. applicant:	Signature of Oversight Nurse:	Date: ____/____/____
License Number:	Practice Category:	Expiration Date: ____/____/____

This form is to accompany application for temporary licensure for Advanced Practice Registered Nurse.

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